Developing University -based DDR Academic Programs : Experiences, challenges and opportunities for resource constrained countries.

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Why DDR Academic Programs?

The Global problem

- According to United Nations Office on Drugs and Crime (or UNODC) 2014,
- 247 million people between ages 15 and 64 used illicit substances at least once in the previous year
- 29 million suffer from drug use disorders
- 12 million people injected drugs increasing risk of blood borne diseases eg HIV/AIDS and hepatitis C virus.

Significant impact

- Significant impact on health ,social, psychological, economic spheres

Limited capacity

- For evidence based prevention and treatment

Gap

Need for sustained capacity building to ensure evidence based practice and improved client outcomes

Why DDR Programs in universities?

- Universities' core mandate is
  - Education and training
  - Research and knowledge generation
  - Knowledge dissemination
- Offering Drug Demand Reduction (DDR) education through universities is therefore sustainable
- Can take advantage of existing training structures- faculty , lecture halls, ICT infrastructure , internal quality assurance mechanisms and other available resources

What does it take to develop academic programs?

- Resources
  - Financial
  - Material
  - Human
  - Technological

Resource constrained countries

- **Resource constraint** - refers to the limitations of inputs available to complete a particular job: primarily people, time, equipment and supplies.
- Resources may be available but the demands are many and competing thus become constrained .
  - *Think of your countries and the competing interests- health, housing, basic education, etc*

Key considerations for DDR programs…….

- Effectiveness
- Efficiency
- Sustainability

Need to keep in mind -Our goal

- Develop DDR programs
- Evidence- based program
- Commitment to quality

Our responsibility ..as universities

- Need to make cutting- edge knowledge/evidence **available and accessible**
  - Practitioners **in the SUD treatment field**
  - **Potential practitioners** in the field of SUD treatment
- Can be achieved through **capacity building** and training on evidence -based knowledge on SUD treatment
- Requires development of **curriculum** that is anchored on **evidence -based** knowledge

Our Advantage

Our core mandate i.e. Education and training

- Apex of education, quality
- Commitment to offer quality education
- Enjoy trust by our communities and societies
- Investment by our governments

Our challenges

- Shrinking funding to universities
- Competing interest in terms of content /programs to offer
- Changing target market needs
- Arts? or sciences ?debate

Our challenges cont……

- How to make our institutions **commit internal resources to DDR programs**
- Management **ownership & goodwill**
- How to **Supplement** internal resources
- How to **mobilize external** resources through partnerships linkages collaborations

Our challenges cont……

- How to **reach the target population**
- How to **maintain student interest and goodwill**-what does the student want/need? to fit into what market?

What we must do- our opportunities

Need to:

- **innovate approaches** to create a niche for DDR programs
- **convince our institutions and key stakeholders** to invest in DDR programs-advocacy

Continued..

- identify who **can be our partner/s**
- identify what opportunities are on offer **locally and internationally**
- **build synergy** across universities, organizations , countries, regions and continents

Our Kenya Experience

The Kenyan situation

There was a drug problem in Kenya

National profile of drugs and substance abuse in Kenya (NACADA, 2017)

- Among Kenyans aged 15 – 65 years
  - 18.2% of using at least one drug or substance of abuse;
  - 12.2% using alcohol;
  - 8.3% using tobacco;
  - 4.1% using Miraa/ khat;
  - 1.0% using bhang/ cannabis.

In addition several had substance use disorders, i.e.

- 10.4% had alcohol use disorders;
- 6.8% had tobacco use disorders;
- 3.1% had Miraa/ khat use disorders;
- 0.8% had bhang/ cannabis use disorders

Other observations

- Several treatment centers in Kenya
- Treatment mainly done by those in recovery
- Limited capacity to offer evidence based treatment
- Shortage of treatment professionals
- Limited training available focusing on SUD treatment
- Need for development of Drug demand reduction academic programs to expand treatment capacity

Thus there was a problem ,there was a need!

How we addressed the problem as Kenyatta University (KU)

1. Identified our Anchor Point

1. Examined our university philosophy/vision /mission

Our philosophy, mission and vision

Philosophy :

- The philosophy of Kenyatta University is **sensitivity and responsiveness to societal needs** and the right of every person to knowledge.

Vision

- To be dynamic, inclusive, and competitive center of excellence in **teaching, learning, research and community services**

Mission

- To provide **quality education and training** to promote scholarship, services, innovation & creativity and inculcate moral values for sustainable individual and societal development.

Therefore……..

- The DDR education program could be anchored in the philosophy, mission and vision of KU – i.e. there was a **societal need**
- KU could respond in line with its philosophy of promotion of **societal welfare and responsiveness** to society needs
- KU could be an avenue to help translate SUD treatment Evidence into Practice for enhanced SUD Treatment and **improved client outcomes in Kenya and beyond**

2. Examined our strategic advantage

- KU is the Second largest public university in Kenya
- Recognized in Eastern Africa and in Africa
- Network of campuses across the country
- Diverse student cultures
- Diverse Schools/Faculties in arts , sciences and technology

- Diverse programs ranging from **certificates, diplomas, undergraduate to postgraduate programs**
- Diverse **modes of study** to enhance access- face to face, digital and virtual learning, regular full time, part-time, continuing education etc
- Well **established Departments and Schools**
- Diverse and Vibrant **faculty**
- Reasonable **resources** –ICT infrastructure, library ,e-resources
- Clear policies on **curriculum development,**approval and quality control
- Clear policies and structures on **partnerships and collaborations**

3. Defined our goal -Translating Evidence into a DDR Academic Program

- Where is the evidence ?
- How do we access it?
- How do we disseminate it across contexts, continents , populations?
- Is it already packaged into a training curriculum or do we have to package it ?
- No need to reinvent the wheel

Universal Treatment Curriculum (UTC)

- Already developed by Colombo Plan -DAP with funding support from Bureau of International Narcotics and Law enforcement agency of the US State dept.

4.Identified our target population

- Relevant stakeholders practicing in the field of SUD treatment
- Those aspiring to work in the field of SUD
- Needed to determine what they need – Needs assessment

Keep in mind

Field of SUD treatment is diverse and complex

- **Diverse disciplines/professionals-** Physicians, Psychiatrists, Nurses, Psychologists, Counselors , Social workers
- **Diverse contexts** -inpatient and outpatient hospitals, outpatient and residential treatment centers , workplace settings, educational settings
- **Diverse cultures**

What do they need?

We needed to find out

- What **knowledge, skills ,attitudes and competencies are needed** to perform effectively from **an evidence- based perspective**
- **What are current gaps and challenges**
- Ensure these are captured/addressed in the curriculum

Need to also consider

Curriculum;

- Availability
- Relevance
- Suitability
- Acceptability
- Feasibility
- Adaptability
- Accessibility
- Flexibility

5. Concretized our goal

- To design a university program that addresses the needs of practitioners in the SUD field
- Targeting those already in the field (**in-service training**)
- And those aspiring to join field (**pre-service training**)
- Based on a curriculum anchored on evidence based knowledge

6.Looked inward -Tapped into what was already in place

- Dept. of Psychology could house the program
- Tapped into good will of management-
- Head of department was passionate about DDR agenda
- Dept. staff were young and enthusiastic
- Available expertise to develop program content, delivery methods
- Some Human resource capacity to implement the program

Continued……

- Some basic infrastructure- lecture halls, human resources
- Library resources
- Policies supporting partnerships and collaborations
- Well laid out curriculum development and approval policies ,processes and systems

7. Looked outward

- Looked at the missions of different organizations
- Found relevance and commonality of vision
- Engaged external and internal stakeholders
  - NACADA
  - Colombo Plan
  - Treatment centers

NB. Many organizations have shared missions and visions - *different routes same destination*- find the point of connection

- Formalized partnerships to avoid bottle necks – MOU & MOA

8. Established partnership

- Established partnership with Colombo Plan DAP
- Signed MOU and MOA
- Adopted the evidence -based Universal Treatment Curriculum (UTC)

9.Determined level of program undergraduate? postgraduate?

- To accommodate those already with a first degree in various relevant disciplines working in SUD treatment field
- Opted for Postgraduate Diploma

10.Determined the nature of program - stand alone or integrated?

- Decided on a new stand alone program
- Adapted the UTC and enhanced it with university and local context relevant material to meet local needs
- Aligned curriculum to Program Learning Outcomes(PLOs)derived from needs assessment outputs

11. Determined program structure

A one year full time course with

- course work
- practicum
- mini research project

12.Engaged curriculum approval mechanisms

- Internal – different levels
  - Department, School, Senate
- External-Regulatory body-Commission for University Education(CUE)

13.Enhanced staff capacity

- Through a university -based walkthrough
- In partnership with Colombo Plan DAP
- With funding support from INL

Where we are

- Launched the program successfully
- **Postgraduate Diploma in Addiction Treatment Science (PGDATS)**
- First class May 2019
- Currently undertaking practicum
- Set to graduate in Dec 2020

Where we want to go

- Expand access
  - Launch different modes of delivery
  - Part-time classes
  - Possibly Virtual and open learning
- Develop higher level program e.g. Masters
- Develop prevention based program

Important lessons

- Value of university as centers for expansion of evidence based practice
- Importance of university management goodwill
- Importance of partnerships

Parting shot

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THANK YOU

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